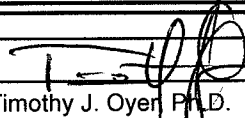


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/627,330-Conf. #2277
		Filing Date	July 25, 2003
		First Named Inventor	Tao T. Tao
		Examiner Name	A. J. Martin
		Art Unit	1795
TOTAL AMOUNT OF PAYMENT		(\$)	245.00
		Attorney Docket No.	T0457.70019US00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield & Sacks, P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION																																																	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																	
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																																										
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																																											
Utility	330	165	540	270	220	110																																											
Design	220	110	100	50	140	70																																											
Plant	220	110	330	165	170	85																																											
Reissue	330	165	540	270	650	325																																											
Provisional	220	110	0	0	0	0																																											
2. EXCESS CLAIM FEES																																																	
Fee Description							Small Entity Fee (\$)																																										
Each claim over 20 (including Reissues)							52																																										
Each independent claim over 3 (including Reissues)							220																																										
Multiple dependent claims							390																																										
<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Total Claims</td> <td style="text-align: right;">Extra Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> <td style="text-align: right;">Multiple Dependent Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td colspan="7"> _____ - 20 or HP _____ x _____ = _____ </td> </tr> <tr> <td colspan="7">HP = highest number of total claims paid for, if greater than 20.</td> </tr> <tr> <td style="text-align: right;">Indep. Claims</td> <td style="text-align: right;">Extra Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> <td colspan="3"></td> </tr> <tr> <td colspan="7"> _____ - 3 or HP = _____ x _____ = _____ </td> </tr> <tr> <td colspan="7">HP = highest number of independent claims paid for, if greater than 3.</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	_____ - 20 or HP _____ x _____ = _____							HP = highest number of total claims paid for, if greater than 20.							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				_____ - 3 or HP = _____ x _____ = _____							HP = highest number of independent claims paid for, if greater than 3.							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)																																											
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_____ - 3 or HP = _____ x _____ = _____																																																	
HP = highest number of independent claims paid for, if greater than 3.																																																	
3. APPLICATION SIZE FEE																																																	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																	
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)																																											
_____ - 100 = _____		/50 = _____	(round up to a whole number) x _____		= _____																																												
4. OTHER FEE(S)							Fees Paid (\$)																																										
Non-English Specification, \$130 fee (no small entity discount)																																																	
Other (e.g., late filing surcharge): 2252 Extension for response within second month							245.00																																										

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	36,628
Name (Print/Type)	Timothy J. Oyer, Ph.D.	Telephone	617.646.8000
		Date	August 4, 2009

Certificate of Electronic Filing Under 37 CFR 1.8	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: August 4, 2009	Signature: 